

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, ATHENS			STREET ADDRESS, CITY, STATE, ZIP CODE 1204 FRYE ST ATHENS, TN 37303		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure the roof was maintained to ensure the safety of the residents. The findings include: Observation with the Maintenance Director, in the facility on January 19, 2011 from 10:30 a.m. to 2:00 p.m. confirmed water-stained ceiling tiles were observed in room across from 212, 220, 225, station 2 housekeeping closet, by the nursing Directors office, at nurses station 1, in corridor by rooms 112 and 119. Interview with the Maintenance Director and Administrator on January 19, 2011 at 10:55 a.m. confirmed there have been numerous roof leaks through the facility and ceiling tiles are being replaced on a regular basis due to many leaks in the roof since April 2010. Record review with the Maintenance Director on January 19, 2011 at 1:50 p.m. confirmed ceiling tiles frequently being replaced every month following rain since August 2010.</p>	N 832	<ol style="list-style-type: none"> 1. The roof has been repaired and affected ceiling tile have been replaced. 2. The roof will be repaired/replaced/maintained to minimize future areas being affected. 3. Weekly monitoring of the ceiling will be completed and affected areas repaired. 4. Monitoring will be by the maintenance supervisor or designee and reported to the quality assurance committee. 	3-6-11	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

6555

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If continuation sheet 1 of 1